RECEIVED 2012 NOV 13 PM 12: 20

ER

FORM 1	ORM 1 ORGANIZATION					Office USE STUMAIL CENT
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		emple:If typing, type r the lines.	12FE4M5	
FLORIDA	DEMO	CRATIC EX	ĘÇŲŢ	IVE BOARD		
		<u> </u>				
ADDRESS (number a	and street)	P. O. BOX	31316	2		
(Check if address is changed)		NORTH MI	AMI		FL	33261
			СПУ		STATE	ZIP CODE
COMMITTEE'S E-M/ (Check if is change	address	SS (Please provide only on USDemocra		ecutiveBoard	ds@hot	mail.com
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)				
(Check if is change						
2. DATE 11	l [™] ′ 9	°′ ž0 1Ž				
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATE	MENT 🗵	NEW (N) OF	· [AMENDED (A)		
I certify that I have	examined th	nis Statement and to the	best of my	knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasure	DAVID EIN	ISTE	N		· · · · · · · · · · · · · · · · · · ·
Signature of Treasur	rer	& Justen			Date 11	' ' 09° ' 20'12 `
NOTE: Submission of		acus, or incomplete informe	•			the penalties of 2 U.S.C. §437g.
Office Use				For further Information co Federal Election Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)